## Tickets Provided by Agency Report

## **A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

Algerie, Helpert			AGENOTIVELO
1. Agency Name	-		Date Stante C California Form 802
City of Imperial Beach			
Division, Department, or Region (if applicable)			2009 MAY 1 3 A TICE ONLY
Street Address			
825 Imperial Beach Blvd., Imperial Beach, CA 91932			CITY CLERK OFFICES
Area Code/Phone Number   E-mail			
(619) 423-8301   ibcclerk@cityofib.	ibcclerk@cityofib.org		Amendment (Must explain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:
Jacqueline M. Hald, City Clerk			(montn, day, year)
2. Event For Which Tickets Were Distribute	ed		
Date(s) of Event:/ Desc	rintian of Eva	Day Passes	s to Water Works Park - tickets expire 9/7/09
	Value of Tick	et: \$	
Agency Event ☐ Yes ☒ No (Identify s		•	
Name of Outside Source of Ticket(s) Provided t	o Agency: W	ater Works Par	· K
			y: ⊠ Gratuitously ☐ Pursuant to Contra
3. Agency Official(s) Receiving Ticket(s) (us	se a continuation	on sheet for addi	tional names)
Name of Official (Last, First)	Number		ther the Distribution is Income to the Official or
(Last, 1 HSt)	of Tickets	Descri	be the Public Purpose for the Distribution
Blair, Mary	2	5.3 (j) City er	mployee drawing.
		, , ,	
4. Individual or Organization Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)
Name of Behesting Agency Official: City of Imp	erial Beach		
Name of Benesting Agency Official:			
Name of Individual or Organization: Erika N. Ceja			Number of Tickets:2
Description of Organization: Local Government			
Address of Occasionation, 825 Imperial Beach E	Blud Imporial	Booch CA 91	022
Address of Organization: Number and Street	nvu., mpenai	City	State Zip Coc
Purpose for Distribution: (Describe the public pur			organization.)
5.3 (h) Attracting and retaining highly qualified	employees in	City Service.	
F. Varification			
5. Verification		,	
I have determined that the distribution of tickets set t	forth above is ir	n accordance wit	h the provisions of FPPC Regulation 18944.1.
Laus known Gary Brown	l	City i	Manager 5//3/09
Signature of Agency Head or Designee Print Name			Title (month, day, year
Comment: (Use this space or an attachment for any add	ditional informatio	on including amend	dment explanation.)